

**ST. CATHERINE CEMETERY Form Number SCC - 003
APPLICATION FOR MONUMENT EMBLEMS**

Family Name on Monument _____

Requested by _____

*Lot Number _____ * Section _____

*Monument Size _____ *Number of Graves _____

Type Emblem (describe) _____

Material _____ Finish _____

Attach Image of Emblem _____

Contractor's Name _____

Address/Telephone _____

Manufacturer Name _____

Address/Telephone _____

Emblem Size & Configuration _____

Major Dimension _____ Minor Dimension _____

Type Attachment _____

Adhesive Yes ___ No ___ Type Adhesive _____

Purpose of Adhesive _____

Approved _____ Rejected _____

Contractor's Signature _____

Date _____

I understand /will comply with St. Catherine Cemetery Regulations. No work shall begin before this application is approved by an authorized Cemetery Official.

Cemetery Official's Signature _____

Date _____

*For Cemetery use _____